

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - **2483**

2. Fiscal Year Covered From:

01 / 01 / 2004 Through: **12 / 31 / 2004**

3. Name and address of person filing.

Name **Bruce** **W** **Both**

P.O. Box, Bldg., Room No., if any

Street **221-10 Jamaica Avenue**

City **Queens Village**

State **New York**

ZIP Code + 4 **11428-2035**

4. Name, file number, and address of labor organization.

Name **UFCW Local 1500**

Labor Organization File Number **022-675**

P.O. Box, Building and Room Number, if any

Street **221-10 Jamaica Avenue**

City **Queens Village**

State **New York**

ZIP Code + 4 **11428-2035**

5. Position in labor organization.

President

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

7/6/05

Date

800-522-0456 X205

Telephone Number

**Rider to Part B for
Paper and Ink, Inc.**

This Business deals with the Union and its affiliated trust funds, as follows:

10. Names of trust funds:

UFCW Local 1500 Welfare Fund
UFCW Local 1500 Legal Services Fund

All Funds are located at:
221-10 Jamaica Avenue
Queens Village, NY 11428

For Welfare Fund:

- 11a. Prints documents for Fund, such as summary plan description.
- 11b. \$55,448.86

For Legal Services Fund:

- 11a. Prints documents for Fund, such as summary plan description.
- 11b. \$2,723.47

For Pension Fund:

- 11a. Prints documents for Fund, such as summary plan description.
- 11b. \$15,753.04